

CLAIMS ONLY

Application Number

101719235

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
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47						
48						
49						
50						
Total						
Indep						
Total						
Depend	19					
Total	20					
Claims						

	Indep	Depend	Indep	Depend	Indep	Depend
61						
62						
63						
64						
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100						
Total						
Indep						
Total						
Depend						
Total						
Claims						